

9074

N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH			ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH			State File No. <u>438</u>		Registered No. <u>108</u>	
County <u>Yuma</u> State <u>Arizona</u>						
Township <u>Yuma</u> or Village <u>Yuma</u>						
City <u>Yuma</u> No. <u> </u> St. <u> </u> Ward <u> </u>			(If death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred <u> </u> yrs. <u> </u> mos. <u> </u> ds. How long in U. S. if of foreign birth? <u> </u> yrs. <u> </u> mos. <u> </u> ds.						
2. FULL NAME <u>Infant of Leonard Cameron</u>						
(a) Residence: No. <u>253 - 2nd ave</u> St. <u> </u> Ward <u> </u> (if nonresident give city or town and State)						
PERSONAL AND STATISTICAL PARTICULARS						
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>single</u>				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>June 16 - 1931</u>						
6. DATE OF BIRTH (month, day, and year) <u>Still Born</u>						
7. AGE <u>Still Born</u> Years <u> </u> Months <u> </u> Days <u> </u> If LESS than day, <u> </u> hrs. <u> </u> min.						
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>						
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Still Born</u>						
10. Date deceased last worked at this occupation (month and year) <u> </u>						
11. Total time (years) spent in this occupation <u> </u>						
12. BIRTHPLACE (city or town) <u>Yuma</u> (State or country) <u>Arizona</u>						
13. NAME <u>Leonard Cameron</u>						
14. BIRTHPLACE (city or town) <u>Pasadena</u> (State or country) <u>California</u>						
15. MAIDEN NAME <u>Marjorie Cooper</u>						
16. BIRTHPLACE (city or town) <u>Yuma</u> (State or country) <u>Arizona</u>						
17. INFORMANT <u>Dr. J. H. H. H.</u> (Address) <u>Yuma, Ariz.</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Yuma Cemetery</u> Date <u>6/17/31</u>						
19. UNDERTAKER <u>John J. H.</u> (Address) <u>Yuma, Ariz.</u>						
20. Filed <u>June 17 1931</u> Registrar <u>Mary A. H.</u>						
MEDICAL CERTIFICATE OF DEATH						
21. DATE OF DEATH (month, day, and year) <u>June 16</u> , 19 <u>31</u>						
22. I HEREBY CERTIFY, That I attended deceased from <u>4/16</u> to <u>4/16</u> , 19 <u>31</u> . I last saw him alive on <u>still born</u> , death is said to have occurred on the date stated above, at <u>8:00 a.m.</u>						
The principal cause of death and related causes of importance were as follows: <u>Premature (6 months)</u> <u>Still Born</u>						
Other contributory causes of importance: <u> </u>						
Name of operation <u> </u> Date of <u> </u>						
What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>						
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> . Where did injury occur? <u> </u> (Specify city or town, county and State)						
Specify whether injury occurred in industry, in home, or in public place. <u> </u>						
Manner of injury <u> </u>						
Nature of injury <u> </u>						
24. Was disease or injury in any way related to occupation of deceased? <u> </u>						
If so, specify <u>Chested L. Wilson</u> M. D. (Signed) <u> </u> (Address) <u>Yuma, Ariz. Box 251</u>						